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TO
Examiner Michael Trettel
Art Group 3673FAX NO.
(703) 872-9306

United States Patent and Trademark Office

User Number: 872 Client #: 8266 Matter #: 1208

Total number of pages transmitted including cover sheet: 8

Comments:

MAIL STOP NON-FEE AMENDMENT

Faxed: 01 August 2005
Applicant: Allen et al.
Serial No.: 10/770,721
Title: HOSPITAL BED AND MATTRESS HAVING A RETRACTABLE
FOOT SECTION
Filed: February 3, 2004
Atty. No.: 8266-1208☒ Amendment Transmittal w/ Certification Under 37
C.F.R. § 1.8(a) (in duplicate)☒ Response to Final Official Action Dated 5/31/05 w/ Certificate Under 37 C.F.R.
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PAGE 1/8 * RCVD AT 8/1/2005 3:32:34 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-610 * DNS:8729306 * CSID:+13176845173 * DURATION (mm-ss):02:16

BOSE MCKINNEY & EVANS LLP

CUSTOMER NUMBER 25267

2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204

PATENT APPLICATION

Applicant: Allen et al. }
Serial No.: 10/770,721 }
Filing Date: February 3, 2004 }
Title: HOSPITAL BED AND }
MATTRESS HAVING A }
RETRACTABLE FOOT }
SECTION }
Group: 3673 Examiner: Trettel }
Atty. Docket: 8266-1208 }

Certificate Under 37 C.F.R. 1.8(a)

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On August 1, 2005


Cynthia M. White

Dated: August 1, 2005

MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS (37 C.F.R. 1.16(c))	17	20	0	\$18	\$0
INDEPENDENT CLAIMS (37 C.F.R. 1.16(b))	3	3	0	\$86	\$0
If applicant has small entity status under 37 C.F.R. 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	NO	\$0
TOTAL FEE FOR ADDITIONAL CLAIMS					\$0

An Extension of Time for _____ month(s) is hereby requested under
37 C.F.R. 1.136(a). The required fee for filing this extension is: _____

Information Disclosure Statement _____

TOTAL FEE FOR THIS AMENDMENT

\$0

A check in the amount of \$ _____ to cover the total fee for this
amendment is attached. _____

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application or credit of any overpayment, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

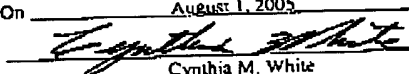

Attorney of Record

Printed Name: Christine E.M. Orich

Registration No.: 44.987

639612_1

BOSE McKINNEY & EVANS LLP**CUSTOMER NUMBER: 25267**
2700 First Indiana Plaza
135 North Pennsylvania Street
Indianapolis, Indiana 46204**PATENT APPLICATION*****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE*****Atty. Docket.** 8266-1208**Applicant(s):** Allen et al.**Title:** HOSPITAL BED AND
MATTRESS HAVING
A RETRACTABLE
FOOT SECTION**Serial No.:** 10/770,721**Filed:** February 3, 2004**Examiner:** Trettel, M.**Group:** 3673

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On	August 1, 2005
	
Cynthia M. White	
Dated:	August 1, 2005

RESPONSE TO FINAL OFFICIAL ACTION DATED 5/31/2005**MAIL STOP AF**
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Alexandria, VA 22313-1450**RECEIVED**
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Dear Sir:

Applicants respectfully submit the following in response to the May 31, 2005

Office Action.

Listing of Claims/Amendments to Claims begins on page 2.**Remarks begin on page 5.**